

# From the ABC model to the A-REFLEX model: a triple psychodynamic, positive psychology, and eudaimonic ethos in the fight against the AIDS epidemic in Africa

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## Abstract

This article aims to critically explore psychodynamic principles for managing the AIDS epidemic. The methodology is qualitative theoretical analyses, articulated around the ABC model, which is an abstinence-based sex education policy, and Freudian psychodynamic theory. The latter constitute double paradigmatic lenses for enhancing the effectiveness and efficiency in managing the spread of the AIDS epidemic in Africa. The paper posits that the ABC model has been effective in this fight, but proposes that if psychodynamic principles are associated with the former, there are greater chances that the fight against the AIDS epidemic will receive a greater psychological boost. In other words, without “individual psychological transformation”, the ABC model would remain limited in its effectiveness, because it does not directly address the issue of transformation of the “death instinct or Thanatos” into “life force or Eros”. The paper thus advocates that in addition to “A” or “abstinence”, there could be “Self-Sacrificing Sublimation” or Authentic Redirection of libidinal energy into Creative Life Force; “B” or “Be Faithful to your sexual partner(s)” can be reinforced by “Flow” for reinforcing Transpersonality; “C” or “use a condom” could be complemented by “Creative Self-Expressing Eudaimonism”. This paper thus proposes a new model, A-REFLEX, which could be used complementarily with the ABC model in the fight against the AIDS epidemic in Africa.

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## Introduction

### 2015 global HIV statistics

HIV continues to be a major global public health issue. In 2015, an estimated 36.7 million people were living with HIV (including 1.8 million children) – a global HIV prevalence of 0.8% [1]. The vast majority of this number live in low- and middle-income countries. In the same year, 1.1 million people

died of AIDS-related illnesses [1]. Since the start of the epidemic, an estimated 78 million people have become infected with HIV and 35 million people have died of AIDS-related illnesses [1].

An estimated 25.5 million people living with HIV live in Sub-Saharan Africa. The vast majority of them (an estimated 19 million) live in east and southern Africa, which saw 46% of new HIV infections globally in 2015 [2]. Around

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40% of all people living with HIV do not know that they have the virus [2]. In 2015, there were roughly 2.1 million new HIV infections, 150,000 of which were among children. Most of these children live in sub-Saharan Africa and were infected via their HIV-positive mothers during pregnancy, childbirth or breastfeeding [2].

Progress in reducing new HIV infections among adults has slowed in recent years. Since 2010, the annual number of new infections among adults (15+) has remained static at 1.9 million [3]. A comparison of country data shows huge discrepancies in efforts to slow the spread of new infections. Some countries have achieved a decline of 50% or more in new HIV infections among adults over the last 10 years, while many have made no measurable progress. Yet others are experiencing worrying increases in new HIV infections [3].

### Treatment perspectives

Despite these challenges, new global efforts have meant that the number of people receiving HIV treatment has increased dramatically in recent years, particularly in resource-poor countries. As of December 2015, 17 million people living with HIV were receiving antiretroviral treatment (ART) – up from 15.8 million in June 2015 and 7.5 million in 2010. This means that 46% of all adults and 49% of all children living with HIV are now accessing ART [3]. Significant progress has also been made in the prevention of mother-to-child transmission of HIV (PMTCT). In 2015, 77% of all pregnant women living with HIV accessed treatment to prevent HIV transmission to their babies [3]. The ABC model will be considered as one of the means of managing the AIDS pandemic in Africa.

### Origin of the American ABC model

It is important to establish how the ABC message was initially developed within the western context in order to understand its irrelevance to Botswana. The first cases of AIDS were reported in the U.S.A. in the early 1980s, primarily among gay men in New York and California. The initial response from the U.S. government was to develop AIDS prevention programmes that focused on risk reduction [4]. As a result, condoms were provided to reduce the risk of sexually transmitted HIV infection. After further studies by the U.S. Centers for Disease Control in 1981, three main behavioural modifications were advised: reducing the number of sexual partners, eliminating the exchange of body fluids during sex, and “knowing your partner” by avoiding places characterized by sexual anonymity [5]. These behavioural modifications became known as the “safe/r” sex model, and were originally designed for homosexual men [6]. For heterosexual people, instead of a safe/r sex model, an “abstinence-until-marriage” model was recommended. This model was supported by the U.S. government and in 1981 an “abstinence-until-marriage” programme was distributed across America to teach that abstinence from sex

until marriage is the only effective method of HIV prevention [7]. The programme was developed based on dominant American Christian values which hold that sex should only take place in the context of marriage [8]. The main objective of abstinence education is to equip young people to refuse or avoid sex. Even though the prevention model had not been named the “ABC campaign” at that time, the concepts and ideology behind the campaign were being developed.

In 1987, when U.S. organizations began to sponsor AIDS education in Botswana, the B for Be Faithful and C for Condomise in the ABC campaign were taken from the safe/r sex model and the A for abstinence was added as a result of conservative American Christian beliefs in abstinence until marriage [9]. This information led to the creation of the basic components of the American ABC model which was essentially an amalgamation of various best practices from homosexual communities and Christian interest groups in America.

### Relevance and efficiency of the ABC model in Africa

The ABC model has been credited by some with the falling numbers of those infected with AIDS in Uganda, Kenya and Zimbabwe, among others. From 1990 to 2001 the percentage of Ugandans living with AIDS fell from 15% to between 5 and 6% [10]. This fall is believed to have resulted from the employment of the ABC approach, especially reduction in the number of sex partners, called “Zero-Grazing” in Uganda.

Abstinence-based sex education can include issues of human relationships, the basic biology of human reproduction, safe sex methods and contraceptives, HIV/AIDS information, and masturbation in place of sex. It recommends sexual abstinence outside marriage as an ideal, having only a single long-term sexual partner. The use of condoms and other safe sex practices is advocated only if it is not possible to remain with a single sexual partner. Advocating this ideal, whilst pragmatically dealing with the fact that abstinence-only sex education is ineffective by itself, has made the ABC approach popular with many African governments and relief agencies [11]. Its positive impact has been confirmed by a 2009 Stanford University survey [12].

### Critique of the ABC model in Africa

The usefulness of the ABC approach is highly debated. The three elements are interpreted differently by different actors and critics argue that often abstinence and faithfulness are unduly promoted over condoms and other measures such as education, female empowerment and making modern antiviral drugs available [13]. For example, the U.S. President’s Emergency Plan for AIDS Relief under President George W Bush has been criticized for seeming to prioritize “A” and “B” over “C” within its funding criteria. “C” activities may only be directed at “high-risk” groups, and not at the general population [7]. However, donor funding has

always been allocated overwhelmingly to condoms, reflecting clear US and European policy priorities, including under George W. Bush.

A debate continues to simmer over the much-publicized “ABC” approach to HIV/AIDS prevention, since the discussion has become polarized in part because for some, the ABCs are synonymous with the promotion of abstinence-only sex education programmes for youth, an area of considerable controversy [14] that seems to pit political and religious conservatives against their liberal counterparts.

The effectiveness of the ABC model in Botswana for example is compromised because abstention from sexual activities, faithfulness and the use of condoms are in conflict with and unaligned with traditional sex education, cultural beliefs and values. For example, 68% of the young men and 78.1% of the young women (aged 15-24) do not believe it is reasonable to expect people to use a condom for every sexual encounter [15]. So resistance to the use of condom poses a big challenge for empowerment activities for HIV/AIDS prevention where most people are not going to abstain or be faithful to one partner. Secondly, traditional healers are very influential but also access to traditional medicine and information is locally available and affordable. Thirdly, women are vulnerable to HIV/AIDS not only because of cultural issues but also because of poverty, or economic vulnerability, and the abandonment of the traditional communalistic spirit in rural areas for the notions of empowerment in urban areas. Fourthly, empowering women, especially young girls, to negotiate for safer sex and to have the ability to control their sexuality in a patriarchal framework is a big challenge for HIV/AIDS prevention efforts [15].

In addition, although ABC behaviours have been credited with Uganda’s dramatic decline in HIV rates [16], questions remain as to whether the ABC-related behaviour changes are attainable in other developing countries, given many women’s relatively limited control over their sexual relationships. Influential AIDS policymakers have expressed doubt that ABC-related behaviour changes can take place in settings where women seem to have little control over their sex lives. On the eve of the 2004 International AIDS Conference in Bangkok, for example, the deputy executive director of UNAIDS observed that, “Most of the women and girls, as much in Asia as in Africa, don’t have the option to abstain when they want to. Women who are victims of violence are in no position to negotiate anything, never mind faithfulness and condom use” [17]. An influential woman’s advocate reinforces this view: “Most prevention messages... focus on the ‘ABC’ approach to fighting HIV-AIDS... While important messages, these things are often not within women’s power to control” [18].

Critics also argue that in many countries women are frequently infected by their unfaithful husbands while being faithfully married, and thus women who follow the recommendations of ABC promoters face an increased risk of HIV infection [19]. Critics furthermore allege that the strategy overlooks the epidemic’s social, political, and economic causes and “vulnerable populations”, e.g. sex workers and “those who lack the ability to negotiate safe sex” as well as

risk groups such as homosexuals and intravenous drug users. However, most infections in Africa occur outside these vulnerable groups, and ABC was a US donor policy only for the “generalized” epidemics in Africa. Murphy *et al.* found that Uganda’s ABC approach empowered women. “Remarkably, in the 2000-2001 Uganda DHS, 91% of women said they could refuse sex with their husbands if they knew their husbands had STIs, a somewhat higher percentage than in several other African countries” [20].

Critics also argue that using the word “abstinence”, then teaching about safe sex and contraceptives, can be contradictory [7].

There is also the argument of the gendered presentation of ABC success stories [21]. Research has indicated that the power roles in which men and women fall in the gender dynamic of relationships, as well as sexual double standards, sexual violence, and harmful cultural practices, affect a greater number of women when trying to implement HIV/AIDS prevention through individual decision making [21]. Critiques of geographic location are also relevant in the success of ABC success. Migration patterns within a population affect both men and women where men who migrate are more likely to contract the infection and bring it back and infect their female partner, whose greatest risk of contracting HIV is from their husband’s extramarital sexual encounters, but women are also seen contracting the disease outside of their primary relationship, focusing the ABC strategy on morality and “static individualized behaviour” [22].

### **The A-REFLEX model: complementing the ABC model in Africa through psychomoral self-transformation**

The A-REFLEX model stands for:

1. A-RE: authentic redirection of sexual energy through sublimation.
2. FL: flow of authentically redirected sexual energy through transpersonal, harmonious, Eros channels.
3. EX: expression of authentically redirected sexual energy through “flow channels”, for creative self-actualization.

The “A-RE”, “FL”, and “EX” dimensions of the A-REFLEX model are respectively derived from psychodynamic theory, positive psychology and from eudaimonia.

### **Psychodynamic conception of libidinal energy**

Sexual energy, as used by the researcher, stands for “creative substance” with the potential for “death” or “life”, that is, Thanatos or Eros, depending on its centrifugal and/or centripetal personalized, or centripetal and transpersonalized orientations, respectively.

Freud [23], examined the first law of thermodynamics and applied this to his psycho-dynamics theories. The first law of thermodynamics states that: “Energy can neither be

created nor destroyed". Freud theorized this to be true with the human personality, and adopting Darwin's assumption that emotion is a form of physical energy, deduced that "psychic energy" can neither be created nor destroyed; it can only be converted from one form to another.

Freud's conception of the individual was as a reservoir of dynamic energy, continuously seeking a means of discharge and in turn continuously needing replenishment. This veritable storehouse of energy he called the "**Libido**", the genetically inherent energy empowering the life instinct. The instinctual drive towards survival and replacement of energy requires translation into more specific terms such as "food, love, security" etc.

Freud postulated that human beings are dominated by two basic instincts: **Eros** (the sexual drive or creative life force) and **Thanatos** (the death force or destructiveness). The mythical characters of Eros and Thanatos were used by Freud in his formulation of drive theory to represent the two primary outlets of biological energy. Eros represents life, creativity, growth, and increase in tension; and Thanatos represents the movement toward **homeostasis** (elimination of all tensions), dissolution, negation, and death. We are constantly stimulated and driven into action by a balance of these energies. Both fundamental drives are empowered by Libido energy. To this effect, Freud states:

"Our views have from the very first been dualistic, and today they are even more definitely dualistic than before – now that we describe the opposition as being, not between ego-instincts and sexual instincts but between life instincts and death instincts" [24].

### **Thanatos – death instincts – personalization of libido**

The concept of the death instincts was initially described in Freud's book *Beyond the Pleasure Principle*, in which he proposed that "the goal of all life is death" [24].

In Freud's view, self-destructive behaviour is an expression of the energy created by the death instincts. When this energy is directed outward onto others, it is expressed as aggression and violence. He equally suggested that all living creatures have an instinct, drive toward death (*tottrieb*), or impulse to return to the inorganic state from which they emerged.

For this researcher, "Abstinence" without Authentic Redirection of sexual energy will lead to Thanatos, that is, destructiveness and pseudo-redirection of libido, in a centrifugal and/or centripetal direction for sensual and/or emotional, mental and imaginal self-gratification. Thanatos also implies the personalization of sexual energy which entails both self-gratifying "self-service and sacrifice of others" in the centrifugal and/or centrifugal inauthentic direction of sexual energy, through phenomena such as premeditated infection of others and unprotected sex, with all the associated consequences of HIV and AIDS, and STDS infections.

### **Thanatos and pseudo-redirection of personalized sexual energy**

Pseudo-redirection of personalized sexual energy is also a defence mechanism which avoids "vagina sacrifice, non-vaginal intercourse" by engaging in the following "alternative sexual activities":

1. Exhibitionism: gays and lesbians who like displaying their sex organs to others who are not interested. In some cases, exhibitionism involves autoerotic exhibitionism or sexual practices to stimulate oneself or masturbate, while showing it to others. In general, no contact is made with the victim, since the exhibitionist is sexually aroused by the attention and surprise others experience in relation to their invasive actions.
2. Fetishism: the tendency to achieve sexual satisfaction by using non-human objects, most often women's clothing, shoes, stockings, or other clothing items.
3. Frotteurism: rubbing one's genitals organs in an intrusive manner against others, especially in crowded places such as a bus or train.
4. Sexual masochism: sexual pleasure and joy are derived from self-inflicted pain or pain inflicted on oneself by others.
5. Transvestic fetishism: involves heterosexual men who wear women's clothes in order to achieve a sexual response.
6. Voyeurism: having sexual pleasure by watching or peeping at others who are naked, undressing, or having sex.
7. Zoophilia: sexual feelings or behaviours involving animals such as dogs, sheep or goats.
8. Anal and oral intercourse, masturbation, zoophilia, paraphilic disorders are recurrent, intense, sexually arousing fantasies, urges, or behaviours that are distressing or disabling and that involve inanimate objects, children or non-consenting adults, or suffering or humiliation of oneself or a partner with the potential to cause harm.

The pseudo-redirection of Thanatos-heavy libido leads to the dissipation and dispersion of personalized sexual energy, and ultimately "devitalization" through the "subtractive and divisive orientation" of libidinal energy.

### **A psychodynamic perspective: from 'abstinence' to 'authentic redirection' of sexual energy**

#### **Eros or transpersonalization of sexual energy**

Eros as seen earlier symbolizes "life force", which for the researcher by extension becomes a "constructive and creative energy" only when libido is given a "transpersonal orientation", in which case there is centripetal redirection of sexual energy through willingness, self-sacrifice, and sublimation.

#### **From wilfulness to willingness**

Wilfulness could be associated with the personalizing tendency of Thanatos-heavy personalized sexual energy which

leads to pseudo-redirection of the latter, through a stubborn persistence in doing what one wishes, in this case, sensual, emotional, mental and imaginal self-gratification. Wilfulness, which is devitalizing, is characterized by headstrong recklessness. Willingness, on the contrary, is the quality, state or ability of being consciously, voluntarily and knowledgeably ready and prepared to authentically redirect sexual energy, from “a centripetal and/or centrifugal devitalizing orientation”, to a “centripetal, revitalizing and creative movement”.

Willingness implies not only the determination to “sacrifice vaginal intercourse”, but also to transcend “non-vaginal intercourse and alternate sexual activities”. In other words, abstinence without authentic re-direction of sexual energy, would most likely lead to “wilful dissipation and dispersion” of sexual energy, as seen earlier, ending with total “devitalization”. Willingness entails the courage for self-sacrifice and the total avoidance of self-service and sacrifice of others, because the former is “proactive, creative and not passive-reactive”.

### Self-sacrifice

Self-sacrifice involves the following phases:

1. Withholding and centripetal redirection of sexual energy.
2. The “damming and electrification” of authentically redirected sexual energy.
3. Through self-sacrifice and authentic redirection of sexual energy, there is transpersonal addition and multiplication, not subtraction and division of libidinal energy.
4. There is progress building up of “higher Ego”, that is, the fulfilment of highest order needs, such as self-esteem and self-actualization, following fulfilment, but not fixation on “lower ego survival needs”.
5. There is movement from personalization of Thanatos-heavy personalized sexual energy, which leads to self-abasement, to transpersonal, revitalization for maximal individualization through generation of “higher Ego”.

### Sublimation

Willingness and self-sacrifice generate “centripetal and upward Flow” of Authentically Redirected sexual energy, in a process which the research will term, like the psychodynamic theory, “sublimation”.

According to Freud, sublimation helps both the individual and the social group, through the repression of the genital aim of the libido by substituting a cultural or social aim. The sublimated aim is expressed most obviously in creative cultural accomplishments such as art, music, and literature, but more subtly, it is part of all human relationships and all social pursuits.

One reason that sublimation is a key notion in psychoanalysis is that from a therapeutic point of view, successful psychoanalytic treatment ideally aims at sublimation, inasmuch as sublimation is seen as a necessary condition for full psychic health. By bringing to conscious light hitherto repressed drives, desires, and wishes, energy that has previously

displayed itself in unpleasurable symptoms may be harnessed and directed to more productive and felicitous ends.

As Freud puts it in his essay “On Narcissism”:

“Sublimation is a process that concerns object-libido and consists in the instinct directing itself towards an aim other than, and remote from, that of sexual satisfaction; in this process the accent falls upon deflection from sexuality” [24].

For the researcher, sublimation is much more than a defence mechanism, as much as it is the generation and sustaining of the “Creative Ego” through authentically redirected sexual energy. It is:

1. The movement from sensual, emotional, mental and imaginal self-gratification to self-transcendence based on willingness to sacrifice the centripetal and/or centrifugal orientation of sexual energy towards fixation on the “survival needs of the lower ego”, towards the redirection of the same for self-actualization and individuation or “transpersonal ego needs”.
2. It implies movement from self-gratification to self-elevation and self-transcendence.
3. Sublimation transcends “survival”, because it implies the “revival and manifestation of the highest transpersonal ideals”, in which case authentically redirected sexual energy becomes the “Eros” or “Life Force” for materializing the highest individual and social ideals.
4. Sublimation is the process of developing the necessary “electric force” for self and social transformation, by willingness and self-sacrifice.
5. Sublimation is the redirection of sexual energy to its most sublime essence, which is a “trans-circumstantial” light and life force, capable of effecting the aforementioned individual and collective transformation, on the basis of “Creative Ego and Ethos”.

Following the Authentic Redirection of sexual energy through willingness, self-sacrifice and sublimation, the “FL” of the “A-REFLEX” model is activated as “Centripetal, inward and upward Flow” of transpersonalized sexual energy.

### The 8 characteristics of flow

Csikszentmihályi describes 8 characteristics of flow:

1. Complete concentration on the task.
2. Clarity of goals and reward in mind and immediate feedback.
3. Transformation of time (speeding up/slowing down of time).
4. The experience is intrinsically rewarding, has an end itself.
5. Effortlessness and ease.
6. There is a balance between challenge and skills.
7. Actions and awareness are merged, losing self-conscious rumination.
8. There is a feeling of control over the task.

## Who experiences flow – autotelic personalities

Interestingly, a capacity to experience flow can differ from person to person. Studies suggest that those with “autotelic personalities” tend to experience more flow. A person with an “autotelic personality” tends to do things for their own sake rather than chasing some distant external goal. This type of personality is distinguished by certain meta-skills such as high interest in life, persistence, as well as low self-centeredness.

## What happens in the brain during flow – decreased prefrontal cortex activity

In a state of flow, the prefrontal cortex is believed to temporarily down-regulate, a process called transient hypo-frontality. This temporary inactivation of the prefrontal area may trigger the feeling of distortion of time, loss of self-consciousness, and loss of inner-critic. Moreover, the inhibition of the prefrontal lobe may enable the implicit mind to take over, resulting in more brain areas to communicate freely and engage in a creative process. In other research, it is also hypothesized that the flow state is related to the brain’s dopamine reward circuitry since curiosity is highly amplified.

For the researcher, for Be Faithful (passive/reactive) to be effective in the management of the AIDS pandemic, it would be necessary to complement it with Flow or the quest for individuation and “wholeness of self”. Flow transcends “eye service faithfulness” because it primarily implies a self-actualizing aptitude through high self-efficacy.

Flow means “faithfulness” to one’s Highest Self, not, as it is assumed, to the “other”. In other words, “faithfulness” which is “other-heavy”, would become inclined to devitalizing pseudo-redirection of sexual energy.

Flow means “being faithful” to one’s highest possibilities and the uncompromising re-direction of all vital libidinal energy towards the attainment of the transpersonal, through the “Eros Processes” of willingness, self-sacrifice and sublimation.

Flow is the constant, conscious and voluntary redirection of sexual energy towards the “highlighting” of the “Transpersonal Creative Ego”.

Flow is the “reinvention of the self”, from survival to the highest empowerment and self-transcendence, from lowest level needs to highest level creative action, and from self-gratification to self and other transformation.

Flow is the infinitely limitless ethos which projects the “ego beyond the ego, to the ego at its highest, best and most”.

The culmination of the A-REFLEX model is “EX” or maximal expression of the “Creative Ego’s” highest and best transpersonal ideals. Instead of “repressing and suppressing” the outflow of sexual energy through “Condomize”, which increases the chances of “faithlessness and abstinence”, “EX” maximizes transpersonal and creative “Higher Self Express-

sion”, through willingness, self-sacrifice, sublimation, flow characteristics, minimal neuroticism, and decreased prefrontal cortex activity.

## Eudaimonia – the summit of creative self-actualization

### *Hedonia vs. eudaimonia*

Both hedonism and eudaimonism represent efforts in ethical philosophy to answer questions regarding the nature of a good life or a life well lived. In hedonic philosophies, the principal, and sometimes exclusive, focus is placed on happiness as pleasure, enjoyment, and absence of discomfort understood as subjective affective states (e.g., Aristippus, Bentham, Mill).

Without Eudaimonia, which is a function of willingness, self-sacrifice and sublimation through Authentic Redirection of sexual energy and Flow, Condomizing in isolation will lead to “Negative Hedonia”. The latter neologism would be a function of wilfulness, self-service, pseudo-redirection of sexual energy, anti-flow characteristics, high neuroticism, and increased prefrontal cortex activity. “Negative Hedonia” would be characterized by:

- Impulsive, compulsive, obsessive dissipation and dispersion of sexual energy through the use or abuse of “condoms”;
- Minimal creativity and self-actualization;
- Maximization of lowest level needs as per Maslow’s survival level needs;
- Shortest term goals and sense gratification;
- Maximization of animal propensities;
- Low self-image, esteem, efficacy as per Bandura;
- Overall mediocrity.

Thanatos-heavy “Survival” would increase the propensity of reckless and non-discriminating dispersion and dissipation of sexual energy, thereby exacerbating the AIDS pandemic, through minimal and erratic self-control.

## Critique of hedonia

### Negative aspects of Hedonism and HIV/AIDS

On the one hand, hedonism is associated with good taste and the art of living well, and on the other hand with addiction, superficiality, irresponsible behaviour and short-sighted egoism. Humankind, down the ages, has always been warned to avoid the lures of lustful living. Much of this admonition has been voiced by religious leaders, such as by Calvin in 16<sup>th</sup> century Europe and currently by fundamentalists in the Middle East and the USA. The message is also preached by politicians and by health advisors. Hedonism has even been criticised by novelists, for example by Aldous Huxley in his *Brave New World*.

There are two main lines in the critique of hedonism. One is that hedonism is bad for our environment, and the other

is that it is bad for us as individuals. The environmental argument holds that hedonism gives rise to over-consumption, and that this will add to the ongoing depletion of natural resources and consequently will hasten the destruction of the environment. Following this line of argument, it is suggested that hedonism reduces one's awareness of danger, because self-indulgence smothers awareness and critical thinking.

Furthermore, the daily treadmill of conspicuous consumption impoverishes social quality in many ways, undermining morals and destroying the work ethic within society. Again hedonists are seen to be blind to these dangers; pleasure induces an unrealistic and rosy outlook. At the individual level there are also two lines of critique. The first is that hedonism undermines health. This argumentation applies in particular to the pursuit of sensory pleasures such as drinking alcoholic beverages, smoking tobacco, eating sweets and abundant sex. The second line of criticism is that hedonism reduces happiness in the long term.

### Paradox of Hedonism

The claim that pleasure seeking leads to unhappiness takes the attack to the heart of hedonism. If hedonism does not lead to pleasure after all, then the true hedonist should reject it. In this reasoning, happiness is often defined as hedonists would have it, that is, as "enjoyment of one's life". The claim holds that a hedonistic lifestyle contributes to happiness in the short run, but not in the longer term, with the paradoxical outcome being attributed to several mechanisms.

#### *How Hedonism might reduce happiness*

One reason why hedonists might end up unhappy is that pleasure might fade with time. This would leave the pleasure seeker unsatisfied and give rise to an urge for ever-stronger stimuli. This could involve increasingly hazardous behaviour and also lead, inevitably, to disappointment, because experience blunts sensitivity, the result for the hedonist being one of emptiness.

A related theme is that hedonism leads to addiction. For one thing, pleasure seeking can lead one into risky experimentation and to making the wrong friends. Furthermore, habituation would lead to craving forever increasing levels of stimulation, with the risk of self-destruction.

The addiction point is part of a wider claim that hedonism leads into a loss of reality control. In this argument, hedonism can also reduce control because it spoils people. Pursuit of pleasure makes people evade challenges and therefore leaves them untrained. Evasion of experiences judged potentially painful would also reduce the hedonists' stress tolerance, all this making hedonists more vulnerable in the long term and thereby also likely to be more anxious. Growing anxiety in its turn might enhance dependency on stimulants.

Hedonism is also seen as leading to idleness. Pleasure seeking is considered as antithetical to active involvement,

and hedonists are depicted as passive lotus-eaters. Since there is good evidence that enjoyment is a by-product of self-actualisation, it is inferred that the pursuit of pleasure yields less pleasurable experiences in the end than a life devoted to a cause or to self-development.

Another argument states that hedonism addresses only a limited part of the human repertoire and therefore leaves many higher pleasures untasted. This links with the theory that happiness requires first of all that one see meaning in one's life. Since there is little meaning in mere enjoyment, hedonists face bankruptcy in this respect. Such a lack would make itself felt when habituation breaks the spell of lust and when sickness and old age reduce the hedonist's capacity for enjoyment, leading to the end of life in an existential vacuum.

Still another claim is that hedonism erodes social bonds. In this reasoning the pursuit of individual pleasures makes people less sensitive to the needs of others, which links up with the earlier mentioned notion that hedonism leads to moral decay, and further isolation, with the hedonists left "bowling alone".

### Eudaimonia – exaltation of the 'Creative Transpersonal Ego'

The concept of eudaimonia received its most notable treatment in Aristotle's (4<sup>th</sup> century B.C.E./1985) *Nicomachean Ethics*. The traditional translation of the term is as "happiness", though many contemporary philosophers prefer the translation as "flourishing". In eudaimonic philosophies, the principal focus is on activity reflecting virtue, excellence, the best within us, and the full development of our potentials.

Waterman [25], in developing eudaimonic identity theory, adopts an individual nature fulfilment philosophical perspective, placing self-realization as a core defining element of eudaimonia. Acting in ways consistent with personal potentials, including the identification and development of one's best potentials, is accompanied by feelings of personal expressiveness. Self-realization is the more important of these constructs as it is integral to the nature of a life well lived. Feelings of personal expressiveness – which represent the experiences category – serve as a signal that one is acting in a way consistent with one's intrinsic nature and serve to reinforce such actions. Near-core markers of eudaimonia include authenticity, purpose and meaning in life, and dedicated effort in the pursuit of excellence.

The following are six inter-related core and close-to-core eudaimonic elements with strong philosophical-psychological linkages: (a) self-discovery, (b) perceived development of one's best potentials, (c) a sense of purpose and meaning in life, (d) investment of significant effort in the pursuit of excellence, (e) intense involvement in activities, and (f) enjoyment of activities as personally expressive. While it incorporates several of the categories of analysis in the classification, based on proportion of item content, it is best viewed as an index of positive functioning. Based on a broad survey of psychological theories, Ryff [26] identified six characteristics as core to eudaimonia: (a) self-acceptance, (b) positive rela-

tions with others, (c) personal growth, (d) purpose in life, (e) environmental mastery, and (f) autonomy.

For the researcher, Eudaimonia is the “crowning summit of creative self-expression, empowerment, maximal interconnectedness, selfless service and social and environmental transformation”. Eudaimonia from this perspective, or “EX” of the “A-REFLEX model”, could be a necessary complement to the “passive-reactive-suppressive” inanimate interphase of the “condom” in the ABC model. Eudaimonia is the logical outcome of willingness, self-sacrifice, sublimation, flow characteristics, minimal neuroticism, decreased prefrontal cortex activity, and “Eros or Soul Liberation”.

### **Opportunities for implementing the A-REFLEX model through *Lebollo*, Basotho traditional initiation school system**

*Lebollo* or the Basotho initiation school system envisaged as its main objective fundamental changes for all the initiated in respect of cognitive, affective, practical as well as social-consciousness problem-solving abilities and relationships [27]. To effect the latter changes, *Lebollo* operated based on a specific curriculum which entailed among others the development of the following attitudes: respect for one’s elders; the maintenance of strong family ties; respect for womanhood; goodwill towards all persons at all times [28]. Furthermore, *Lebollo* emphasized personal and group effectiveness, socio-culturally responsible and accountable behaviour, as well as cooperative and collaborative efforts in all community undertakings. Cultural values and socio-economic and political issues (often in integrated problem situations) were generally given priority in inter-personal and communal affairs, the general goal being the striving always towards community and national peace, economic self-sufficiency and political freedom [28]. The indigenous Basotho initiation rites of *Lebollo* therefore had a pragmatic orientation, because it envisaged individual and collective transformations [29].

If we consider that the A-REFLEX model stands for redirection of sexual energy through vectors of harmony, in order to obtain creative self-actualization, then *Lebollo* could act as a cultural and philosophical prism for the sublimation of sexual energy by the development of creative skills as follows:

### **Collective sexual responsibility through revitalization of traditional sex education structures**

Since *Lebollo* is a traditional and culturally respected medium for awareness raising in matters of sexual education, its curriculum should be reviewed, standardized and partnered with western systems of sexual education. To buttress this point, it should be remembered that the destruction of Basotho traditional initiation schools in particular, and those of other African countries in general, did a lot of damage to the general discipline of the rural communities in Africa since topics such as sex education were no longer addressed [30].

In addition, problems associated with early pregnancy and sexually transmitted diseases are associated with lack of information that is attributed to the general marginalizing of traditional initiation schools [31]. Given that the current HIV/AIDS information, education and communication are perceived as externally imposed and culturally alienating, understanding of health and sexuality through an authentic indigenous educational model such as *Lebollo* would reinforce the positive perception of sex education curriculum and policies. For example, menstruation rituals, annual sexual education ceremonies, and religious sex education activities can be used to mainstream HIV and AIDS prevention [32].

### **Redynamize traditional participatory approaches**

Traditionally, Lesotho is known for its effective democratic values such as collective consensus, respect for ideas and opinions shared at the village parliament or “Kgotla”. This participatory approach is a strength that can be used to engage people in critical reflection and praxis relating to the idea of the A-REFLEX model for positive harnessing of sexual energy in order to maximize creative self-actualizing activities.

### **Conclusions**

This paper has attempted to present the “A-REFLEX model” as a viable complement to the ABC model, implying that the combination of these twin models will lead to greater effectiveness and efficiency in the management of the AIDS pandemic in Africa. The ABC model without the A-REFLEX model would entail the dismissal of a vitally important and fundamental psychomoral transformation of Africans. The control and overcoming of the AIDS pandemic involves the willingness to consciously and voluntarily redirect, transform, and creatively utilize the same sexual or libidinal energy which becomes death-dealing when it is pseudo-redirected, dissipated, and dispersed through wilfulness, self-service, anti-flow characteristics, high neuroticism, increased prefrontal cortex activity, and “negative hedonia”.

Finally, the practical implementation of the A-REFLEX model as projected can be rendered more effective and contextualized if its ideals are made operative through African indigenous education systems like *Lebollo* of the Basotho. This is premised on the notion that perception of the tenets of the A-REFLEX model would be more positively perceived, received and implemented if there is realization of continuity between traditional control systems of sexual energy, and those highlighted by the proposed model.

### **Conflict of interest**

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



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